DEPARTMENT	OF HEALTH AND HUMAN SERVICES
HEALTH CARE	FINANCING ADMINISTRATION

FORM APPROVED OMB NO. 0938-0193

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STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TIT	
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TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE	
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5. TYPE OF PLAN MATERIAL (Check One):		
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6. FEDERAL STATUTE/REGULATION CITATION:		nendment)
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
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- Capital Cost Component, the Medicaid Prospective Educational Cost Component, and the Medicaid Prospective Operating Cost Component. Amount allowed by appeals or adjustments will be added to or subtracted from this total. This rate shall be referred to as the Medicaid Prospective Rate.
- F. State operated facilities may be reimbursed subject to the upper payment limit. Payments will be made bi-monthly in lump sums not to exceed the Medicare upper payment limit. In order to qualify for this program, the hospital must be a state owned hospital. For each state operated hospital, payments will be made for the difference in what Medicaid has paid for a Medicaid service and what Medicare would have paid for the same service in a period of time.

## VI Plan Implementation

- A. Payments under this plan will be effective for services rendered July 1, 1981 and thereafter.
- B. The Division of Medicaid will provide an opportunity for interested members of the public to review and comment on the rate methodology before it is implemented. This will be accomplished by publishing in newspapers of widest circulation in each city in Mississippi with a population of 50,000 or more prior to implementing the rate methodology. A period of thirty (30) days will be allowed for comment. The Division of Medicaid will notify the administrator of each hospital of the prospective rate for their hospital.
- C. The Division of Medicaid shall maintain any comments received on the plan, subsequent changes to the plan, or rates for a period of five (5) years from the date of receipt.

## VII Application of Sanctions

- A. Sanctions may be imposed by the Division of Medicaid against a provider for any one of the following reasons:
  - 1. Failure to disclose or make available to the Division of Medicaid, or its authorized agent, any records of services provided to Medicaid recipients and records of payment made therefor.

TN	N 2000-15	Date Received DEC 2 9 200	0
	Supersedes	Date Approved MAR 1 5 2001	
TN	92-12	Date Effective OCT 0 1 2000	